

PTO/SB/00 (11-06)

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I hereby appoint:



Practitioners associated with the Customer Number:

27299

OR



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Name	Registration Number	Name	Registration Number

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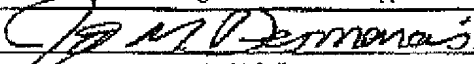
Assignee Name and Address:

Round Rock Research, LLC
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(h) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assigned of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	3/8/10
Name	JOHN M. DESMARAIS	Telephone	914-666-6962
Title	Manager		

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